

	in this information to identify	2000			1				
	in this information to identify your o								
Det	otor 1 Amy Lynn (Sainor							
	otor 2 use, if filing)								
Uni	ted States Bankruptcy Court for the	e: EASTERN DISTRICT	OF PENNSYLVANIA	Α					
	se number 21-10821				Checl	k if this is:			
(IT KI	nown)				■ Aı	n amende	d filing		
_								ng postpetition ollowing date:	chapter
O_1	fficial Form 106l				M	M / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12/15
spo atta	plying correct information. If you use. If you are separated and yo ch a separate sheet to this form. Describe Employment	ur spouse is not filing wi On the top of any addition	th you, do not inclu	ıde informati	on about	your spo	use. If m	ore space is r	eeded,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-f	iling spouse	
	If you have more than one job,	Employment status*	☐ Employed			■ Employed			
	attach a separate page with information about additional employers.	Employment status	■ Not employed			☐ Not employed			
		Occupation	Unemployed			Director	of Ope	rations	
	Include part-time, seasonal, or self-employed work.	Employer's name				US Envi	ronmen	ntal	
	Occupation may include student or homemaker, if it applies.	Employer's address				409 Boo Downin		PA 19335	
		How long employed th		tachment for	Addition		9 Years ment Inf	formation	
Esti	mate monthly income as of the cuse unless you are separated.		ou have nothing to ι	eport for any	line, write	\$0 in the	space. In	clude your non	-filing
	u or your non-filing spouse have me space, attach a separate sheet to		mbine the informatio	on for all empl	oyers for t	that perso	n on the I	ines below. If y	ou need
					For Deb	otor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2. \$		0.00	\$	8,335.17	
3.	Estimate and list monthly over	time pay.		3. +\$		0.00	+\$	0.00	

Official Form 106I Schedule I: Your Income page 1

4. Calculate gross Income. Add line 2 + line 3.

0.00

8,335.17

Debt	or 1	Amy Lynn Gainor	-		Case	number (if known)	_2	21-10821		
					Fo	r Debtor 1		For Debtor	2 or	
								non-filing		
	Сор	y line 4 here	4.		\$_	0.00	-	\$8	,335.17	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	58	a.	\$	0.00		\$ 1	,155.30	
	5b.	Mandatory contributions for retirement plans	5l	э.	\$	0.00		\$	0.00	
	5c.	Voluntary contributions for retirement plans	50	Э.	\$	0.00		\$	0.00	
	5d.	Required repayments of retirement fund loans	50	d.	\$	0.00		\$	332.22	
	5e.	Insurance	56	Э.	\$	0.00		\$	684.36	
	5f.	Domestic support obligations	5f	i.	\$	0.00		\$	0.00	
	5g.	Union dues	5	g.	\$	0.00	_	\$	0.00	
	5h.	Other deductions. Specify: Life Insurance	5h	Դ.+	\$	0.00	+	\$	135.01	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	0.00	-	\$2	,306.89	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	0.00	-	\$6	,028.28	
8.		all other income regularly received:								
	8a.	Net income from rental property and from operating a business,								
		profession, or farm Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	88	a.	\$	200.00		\$	0.00	
	8b.	Interest and dividends	81	э.	\$_	0.00		\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce	_		•			•		
	0-1	settlement, and property settlement.	80		\$_	0.00	-	\$	0.00	
	8d.	Unemployment compensation	80		\$_	0.00	-	\$	0.00	
	8e.	Social Security	86	€.	\$_	0.00	-	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance								
		that you receive, such as food stamps (benefits under the Supplemental	,							
		Nutrition Assistance Program) or housing subsidies.								
	_	Specify:	_ 8f		\$_	0.00	_	\$	0.00	
	8g.	Pension or retirement income	8	g.	\$_	0.00		\$	0.00	
	O.L.	Cawley Environmental Net	01		•	0.00		¢.	358.98	
	8h.	Other monthly income. Specify: Income	_ 8i	Դ.+	\$_ \$	0.00	_	·		
		Federal Tax Refund of \$1,446.00 / 12	_		Φ_	120.50		\$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	.	\$	320.50		\$	358.98	3
				L			 			
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		320.50 + \$		6,387.26	= \$	6,707.76
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		-			_		11 -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11	Stat	e all other regular contributions to the expenses that you list in Schedule	J						-	
		ide contributions from an unmarried partner, members of your household, your		end	dents	, your roommate	es,	and		
		r friends or relatives.				•				
		not include any amounts already included in lines 2-10 or amounts that are not	avail	labl	le to	pay expenses lis	itec		e J. +\$	0.00
	Spe	<u> </u>						_ '''.	_ +	0.00
12.	Add	the amount in the last column of line 10 to the amount in line 11. The res	ult is	s th	e cor	mbined monthly	inc	ome.		
		e that amount on the Summary of Schedules and Statistical Summary of Certai						if it		
	appl	ies						12.	\$	6,707.76
									Combin	ned
										y income
13.	Do y	ou expect an increase or decrease within the year after you file this form	?							
		No.								
		Yes. Explain:								

Debtor 1	Amy Lynn Gainor	Case number (if known)	21-10821
	· ···· / - / ···· · · · ······	, ,	

Official Form B 6I Attachment for Additional Employment Information

Spouse		
Occupation		
Name of Employer	Cawley Environmental	
How long employed		
Address of Employer	117 Robins Road	
, ,	Downingtown, PA 19335	

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